Zika Virus

The MO HealthNet Division (MHD), in collaboration with the Missouri Department of Health and Senior Services (DHSS), is offering this notification to provide the most recent Zika virus-related information, as well as information about relevant covered MHD services. Please also visit the DHSS website at **http://health.mo.gov/emergencies/ert/med/zika.php** for additional provider information and resources.

Outbreaks of Zika have been reported in Africa, the South Pacific and most recently in the Americas and Caribbean. The Zika virus is spread to people primarily through the bite of an infected Aedes (Ae. aegypti and Ae. albopicuts) species mosquito. According to the CDC, Zika virus has the potential to be spread through a mosquito bite, through unprotected sexual contact, through blood transfusion, and from an infected pregnant woman to her fetus during pregnancy[1,2,3].

Zika virus infections have been reported in travelers returning to the United States. With the recent outbreaks in the Americas, the number of Zika virus disease cases among travelers visiting or returning to the United States likely will increase. As of August 2, 2016, these imported cases have resulted in one reported cluster of local transmission in Florida, meaning that an investigation by public health workers has shown that the likely method of transmission was human-to-mosquito-to-human[4]. Healthcare providers are encouraged to report suspected Zika virus disease cases to DHSS to facilitate diagnosis and to mitigate the risk of local transmission[1].

Zika virus infection during pregnancy can lead to serious health consequences. The CDC has stated that Zika virus can be passed from a pregnant woman to her fetus, and infection during pregnancy has been linked to a serious birth defect called microcephaly, which may involve incomplete brain development and other severe brain defects. Other problems have been detected in fetuses and infants infected with Zika virus, such as defects of the eye, hearing deficits, and impaired growth. A mother infected with the Zika virus near the time of delivery can pass on the virus to her newborn around the time of birth[1,2]. CDC recommends that all pregnant women in the United States be assessed for possible Zika virus exposure during each prenatal care visit. Zika testing for pregnant women with possible exposure should be considered[5].

Zika virus infections should be considered in patients with acute onset of fever, maculopapular rash, arthralgia or conjunctivitis, in particular in those who traveled to areas with ongoing transmission or had unprotected sexual contact with a person with Zika virus infection or exposure in the two weeks prior to illness onset. In past outbreaks, the illness has usually been mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually do not get sick enough to go to the hospital and they very rarely die of Zika infection. For this reason, many people might not realize they have been infected. Zika has also been linked to Guillain-Barré syndrome (GBS), a rare disorder that can cause muscle weakness and paralysis for a few weeks to several months. Most people fully recover from GBS, but some have permanent damage[1,2].

On May 25, 2016, DHSS issued a health update that recommends Zika virus rRT-PCR testing of urine collected less than 14 days after symptom onset, along with testing of patient-matched serum samples, for the diagnosis of suspected Zika infection. If the PCR result is negative, serologic (IgM) testing should be performed[6]. The CDC recommendations for Zika virus testing of serum and other clinical specimens remain unchanged at this time[7].

In order to help the CDC track and manage Zika virus disease in pregnancy, OB-GYN providers will need to report pregnant women with any laboratory evidence of the Zika virus infection (positive or inconclusive test results) to DHSS. They can expect a follow up from health officials during the pregnancy and at the time of expected birth to collect surveillance data. In addition, any adverse health

outcome should be reported to the DHSS. Further information will be requested about the infant from the child's pediatrician at 2, 6, and 12 months of age. For more information visit CDC's Zika Pregnancy Registry page: **US Pregnancy Registry for Zika Virus Infection[7].**

The CDC is continuing to review medical information related to the Zika virus and recently issued new guidance and information to prevent Zika virus transmission and its adverse health effects (www.cdc.gov/zika/index.html). Guidance includes updated interim guidance for healthcare professionals for counseling patients about pregnancy planning and the timing of pregnancy after possible exposure to Zika virus and updated interim guidance for preventing sexual transmission with information about how long men and women should consider using condoms or not having sex after possible exposure to Zika[1].

In general, it is important for pregnant women to have early prenatal care, especially in light of the current Zika outbreak and related complications in pregnancy and the infant.

MHD Covered Services for Eligible Participants

Please reference the following services described in each of the following sections of the **Physician Manual**.

- Family Planning Services (see Section 10)
- Diagnostic and Treatment Services, including Laboratory and Radiology (see Section 13)
- Prenatal and Obstetric Services, including Amniocentesis (see Section 13.57)
- Case Management for At Risk Pregnant Women (see Section 13.56)
- Contraception (multiple forms – see Section 10.2)

For information on covered prescription medications, please reference the **Pharmacy Manual.**

MHD will provide coverage updates as they occur.

References:

1. Distributed via the CDC Health Alert Network , Friday, January 15, 2016, 19:45 EST (7:45 PM EST) CDCHAN-00385

Recognizing, Managing, and Reporting Zika Virus Infections in Travelers Returning from Central America, South America, the Caribbean, and Mexico

2. CMCS Informational Bulletin

Medicaid Benefits Available for the Prevention, Detection and Response to the Zika Virus, June 01, 2016

3. DHSS News Release June 9, 2016

Tests confirm two travelers infected with Zika virus

4. Florida Department of Health News Release July 29, 2016

Department of Health Responds to Local Zika Cases

5. CDC Health Advisory August 1, 2016

CDC Guidance for Travel and Testing of Pregnant Women and Women of Reproductive Age for Zika Virus Infection Related to the Investigation of Local Mosquito-borne Zika Virus Transmission in Miami-Dade and Broward Counties, Florida

6. DHSS/CDC Health Update May 25, 2016

Diagnostic Testing of Urine Specimens for Suspected Zika Virus Infection

7. ACOG Practice Advisory, June 23, 2016

Tests confirm two travelers infected with ZikaVirus